

MILES OF MUSEUMS REGISTRATION FORM

Name: _____ Phone _____

E-mail address _____ Fax _____

Mailing Address _____

Phone # to reach me _____ D/O/B _____

1. I am ___an avid Cyclist ___a beginner rider ___ occasional rider

2. I intend to ride ___10 miles ___20 miles ___50 miles

3. I prefer to be notified via ___phone ___email ___mail ___fax

4. How did you hear about Miles of Museums? _____

Your signature below sets forth the understanding and agreement of our Miles of Museums waiver. Your registration will be returned to you without your signature below.

I agree to follow all the rules set forth by Miles of Museums, and have read and agree to the on line rider [Miles of Museums waiver](#) below holding harmless all rest areas, corporations, sponsors, organizers, volunteers, LA Salle School, and all other locations and persons affiliated with the Museum Ride.

Enclosed is my **\$30.00** pre-date registration fee.

Day of Event registration is \$35.00.

Your contribution is tax deductible. Checks should be made out to The De La Salle School

Mail checks or credit card information to: Priscilla Braak 17 Bellevue Ave. Oceanside NY 11572

If you wish to pay by credit card: CARD TYPE _____ CARD NUMBER _____

NAME ON CARD _____ EXPIRATION DATE _____

WAIVER: In consideration of being permitted to participate in any way in the Miles of Museums (bicycle, bike) ride (tour/activity/event/excursion) I for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages, for death, personal injury or loss of property which I may have or which may accrue to me as a result of my participation. I, the undersigned, discharge and release, The De La Salle School, all sponsors of this event, all event volunteers, all rest stop areas and providers, all providers of first aid, and all other sponsoring organizations, and their respective agents, boards, commissions and any other involved municipalities, and employees and representatives of the foregoing, from all liability arising out of or connected in any way with my participation in this excursion, whether or not caused by the negligence of any of the above parties. I acknowledge that this event may involve risks, including the risk of falling, collision with other bicyclists, motor vehicles, or stationary objects, and the conditions of the road. My participation is voluntary and done at my risk. I voluntarily assume all risks of loss, damage or injury that may be sustained while participating in this event. I recognize that an event of this nature can be physically demanding. I understand and agree that medical or other services rendered to me by or at the instance of any of the above parties are not an admission of liability to provide or continue to provide such services, and are not a waiver by any of the said parties of any right hereunder

I understand that serious accidents may occur during bicycling excursions and that a participant in this excursion may sustain mortal or serious injury as a consequence of their participation. I understand that my bicycle or other equipment may be damaged during the ride, including during transportation in our rented trucks, buses, or other vehicles. Nevertheless, I agree to assume these risks and to release and hold harmless all of the persons mentioned above whom other wise might be liable to me for damages. I attest that I have checked the equipment I will use in this event and it is in good mechanical condition. I understand that bicycle helmets can prevent some serious injuries and I agree to wear one whenever on a bicycle and when bicycling during this event. I have read and understand everything written above and I voluntarily agree.

Helmets: ANSI or SNELL approved helmets are required. **Minors:** Riders under age 18 must be accompanied on the ride by a parent or guardian.

Signature _____ *Date _____